

REQUEST FORM FOR DATA INFORMATION



NOTE: PLEASE ALLOW AT LEAST TWO WEEKS FOR FULFILLMENT OF DATA REQUEST

Maricopa County Department of Public Health
Division of Epidemiology and Data Services
4041 N. Central Ave., Suite 600
Phoenix, AZ 85012
Phone (602) 372-2604 FAX (602) 372-2610

Date of Request: ____ / ____ / ____

Date Needed (Min. Two Weeks): ____ / ____ / ____

Requester Name: _____

Phone: _____ Fax: _____

E-mail Address: _____

County ☐ Student ☐ State ☐ Other ☐ If Other, Type of Organization: _____

Purpose of Information: Commercial ☐ Non-Commercial ☐

A commercial purpose is defined by Arizona Statute as the use of a public record for the purpose of:

- sale or resale, or
- producing a document containing all or part of the copy, printout, or photograph for sale, or
- obtaining of names and addresses from such public records for the purpose of solicitation, or
- or any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records.

Please read and sign the agreement below:

I, _____, am the _____ of
(Full Name) (Title)

_____, located at _____,
(Company Name) (Address, City, State, ZIP Code)

which is engaged in the business of _____. I am requesting the listed
(Nature of Business)

information for the following purposes: _____

I certify that all information provided is true and correct. I agree that the public records will not be transmitted or resold to any other person or entity without specific authorization from the County's record custodian. I agree to delete all data acquired via this request from my databases and all other electronic media forms upon completion of the purpose or use for which that request is made. I understand that if this information is provided, there may be a charge and I will have to sign an agreement for a Public Record Request. I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive.

Signature _____

Date _____

Please request only information needed. Unusually lengthy requests require much more staff and computer time and will result in greater preparation time, and possibly, client charges. Note that only data for Maricopa County are available from the county.

Office Use Only

Completed by: _____

Date: _____

Time to Complete: _____

Distribution: Mail _____

E-Mailed _____

Faxed _____

Picked-Up _____

Nativity (Birth) Data Requested

Time period(s) (1990 to 2005) (years and/or months): _____

Area(s) (must be county-wide, zip codes or cities): _____

All Births ☐ Single Births Only ☐ Multiple Births Only ☐

Data Available:	Mother's Age	_____	Teen Age Births	_____	Race/Ethnicity	_____
	Education	_____	Marital Status	_____	Child's Sex	_____
	Birth Weight	_____	No. Prenatal Visits	_____	Plurality	_____
	Gestational Age	_____	Institution of Birth	_____		
	Trimester Prenatal Care Began	_____				

Requesting Place of Residence or Place of Occurrence? _____

Please Indicate Crosstabulation (e.g., Mother's Age by Race) : _____

Mortality (Death) Data Requested

Time period(s) (1990 to 2005) (years and/or months): _____

Area(s) (must be county-wide, zip codes or cities): _____

Main Causes of Death (39) ☐ or: Specific Cause(s): _____

Data Available:	Age at Death	_____	Race/Ethnicity	_____	Sex	_____
	Marital Status	_____	Educational Level	_____		
	Infant Mortality Components:	_____				

Requesting Place of Residence or Place of Occurrence? _____

Please Indicate Crosstabulation (e.g., Age by Race): _____

Communicable Diseases Data Requested

(Most reportable communicable diseases may be available. Please refer to the Arizona Dept. of Health Services for a list of communicable diseases at <http://www.azdhs.gov/phs/oids/downloads/rptlist.pdf>)

Time period(s) (1996 to 2005) (years and/or months): _____

Area(s) (must be county-wide, zip codes or cities): _____

Specific Communicable Diseases: _____

Data Available:	Age	_____	Race/Ethnicity	_____	Sex	_____
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Please Indicate Crosstabulation (e.g., Age by Race): _____

Other Data/Information Requested